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APPLICANTS

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**** CONTINUING DATA ******* *None (att)*

**** FOREIGN APPLICATIONS ******* *None (att)*

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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Chubb H. K. Lang</i> Allowance Examiner's Signature Initials	STATE OR COUNTRY NY	SHEETS DRAWING 13	TOTAL CLAIMS 26	INDEPENDENT CLAIMS 2
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